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| nonprovisional                                                                                                                                                                                                                                                                                                                          | YES                 | \$700          |                                                                                                                                                                                                                                                                                                                                   | \$300             | \$10                                       | 00                     | 08/16/2006    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------|------------------------|---------------|
| EXAMINER                                                                                                                                                                                                                                                                                                                                |                     | ART UNIT       |                                                                                                                                                                                                                                                                                                                                   | CLASS-SUBCLASS    | 1                                          |                        |               |
| PATEL, TAJASH D                                                                                                                                                                                                                                                                                                                         |                     | 3765           |                                                                                                                                                                                                                                                                                                                                   | 002-069000        | •                                          |                        |               |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  Change of correspondence address (or Change of Correspondence Address form "FIO/SBI 122) attached.  "Fee Address" indication (or "Fee Address" Indication form FIO/SBI47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                     |                | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                   | nt attorneys<br>a member a<br>nes of up to | Gauthier<br>  2<br>  3 | & Connors, LL |
| 3. ASSIGNEE NAME AND                                                                                                                                                                                                                                                                                                                    | RESIDENCE DATA TO B | E PRINTED ON T | HE PATEN                                                                                                                                                                                                                                                                                                                          | T (print or type) |                                            |                        |               |

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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

DAVID CLARK COMPANY INCORPORATED

Worcester, Massachusetts 01615

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